

FILED FEB 24 1947 91

Primary Registration District No.

1100

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5639 Murdoch  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT  
FULL NAME Alva J. Rigdon

3. (b) If veteran,  
name war. World War

3. (c) Social Security  
No. 494-01-1279

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced. married  
6. (b) Name of husband or wife Leona Riddle Rigdon  
6. (c) Age of husband or wife if alive. 41 years  
7. Birth date of deceased. February 15, 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 10 25 hr. min.

9. Birthplace St. Genevieve County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Conductor

11. Industry or business St. Louis Pub. Serv. Co.

12. Name Francis Rigdon  
13. Birthplace Not known Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Grifford  
15. Birthplace Not known Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Leona Rigdon

(b) Address 5639 Murdoch

17. (a) burial (b) Date thereof 1/13/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director John R. Ziegenhagen & Son

(b) Address 227 1/2 Gravois

19. (a) JAN 22 1942 (b) F. Budek  
(Date received for filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5639 Murdoch  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10  
year 1942 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Dec 1  
1941 to Jan 1 1942  
that I last saw him alive on Jan 2 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Heart condition  
coronary  
arteriosclerosis  
Due to.....

Due to.....  
Other conditions  
(Include pregnancy within 3 months of death)  
94  
94

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)  
While at work? (c) Means of injury.....  
23. Signature M. L. Bremser (M. D. or other)  
Address 4266 MANCHESTER Date signed 1-12-42

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*B. P. Kidwell*

Licensed Embalmer No. ....

*3877*

P. O. Address.....

*7027 Gravois*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**